


FAMILY READINESS GUIDE

GET INVOLVED TO KEEP YOUR FAMILY, COWORKERS AND COMMUNITY SAFE. MAKE THIS FAMILY READINESS GUIDE THE CORNERSTONE OF YOUR EMERGENCY RESPONSE PLAN.

Published by the Louisiana Department of Health and Hospitals
Office of Public Health

contents

ONLINE RESOURCES

Want to learn more about emergency preparedness for your family? Check out these resources on the Web.

Louisiana Department of Health and Hospitals
http://dhh.state.la.us

Louisiana Office of Public Health
http://oph.dhh.state.la.us

Centers for Disease Control and Prevention
Bioterror Information
www.bt.cdc.gov/

Louisiana State Police
www.lsp.org/index

Louisiana Office of Emergency Preparedness
www.loep.state.la.us

U.S. Department of Homeland Security
www.ready.gov

BIOTERRORISM PREPAREDNESS & EMERGENCY RESPONSE
DEPARTMENT OF HEALTH & HOSPITALS | OFFICE OF PUBLIC HEALTH

WHAT IS IT THAT MAKES US DIFFERENT?

BUILDING BLOCKS OF PUBLIC HEALTH

What is it that raises the typical American lifestyle above "subsistence living" to achieve one of the world's most advanced standards of living? One Louisiana public health expert answered the question this way:

"Three-quarters of the world's population lives with disease, contaminated food and unsafe drinking water as a daily part of 'normal' life. Thankfully, we don't have to. The basic building blocks supporting our public health system: immunization, pasteurization, sanitation, refrigeration and education, are safeguards that allow us to offer more than a third world quality of life to Louisiana residents."

> The availability of **immunizations** and flu and pneumonia vaccines means our families no longer suffer serious illness, disability or even death from smallpox, measles, mumps, polio, and a host of other diseases that have been successfully eliminated or controlled by public health programs.

> Safe **pasteurization** of food products means we can enjoy diary products without risking illness every time we drink a glass of milk or eat a dish of ice cream. Even in today's modern world, international travelers have learned it isn't always safe to consume ice cream, milk, water, ice or other foods in nations where these public health safeguards aren't in place.

> Public health monitors, inspects and enforces **sanitary** regulations for day cares, nursing homes, schools, restaurants, hospitals and other public buildings. These regulations are designed to protect us from harmful bacteria such as *E. coli*, and the diseases those bacteria can cause. Because of these efforts, kitchen tap water used to make coffee in countless office break rooms is safe, clean and healthy. Our lakes, streams and groundwater are protected from contamination by human waste as well.

> **Refrigeration** means safe food, cool drinks and sanitary storage for medicines, blood supplies and donated human tissues. Safe refrigeration makes it possible for grocery stores and restaurants to offer convenient and healthy processed and prepackaged foods we've learned to take for granted. Even schools and hospitals benefit from these public health protocols, which allow them to offer safe meals to students, patients and staff members.

> If knowledge is power, then **education** is power shared. Take cigarette smoking, for example. Decades ago, no one knew the health risks associated with cigarette smoking. Thanks to aggressive educational programs offered by public health officials, more and more people have kicked the habit successfully — or have avoided smoking altogether.

a message from THE DEPARTMENT OF HEALTH & HOSPITALS

FEW THINGS IN LIFE ARE GUARANTEED — except, perhaps, the fact that sometimes, emergencies happen. Today, it seems, they happen more often than ever. From floods and hurricanes, to ice storms, tornadoes and the spread of West Nile, Louisiana families have learned the importance of preparing for emergencies in advance, so our citizens, our families and our communities can act quickly when an emergency does occur.

A HISTORY OF PROTECTING LOUISIANA CITIZENS.

Louisiana has been in the business of protecting the public's health since 1855, when Louisiana's first Board of Health was established. The nation's first public health systems put Louisianians, in many ways, a step ahead of the rest of the country in their ability to protect the public from health threats of all kinds. While the rest of the nation debates health care accessibility for all Americans, Louisiana already has a public health delivery system that facilitates every Louisiana citizen's access to essential health services.

Louisiana's public health workers are preventive medicine specialists — the caretakers who work behind the scenes — usually in ways that until now have been somewhat invisible to the general public – to safeguard Louisiana's citizens. With a lot of help from our partners in other divisions of local, state and federal governments as well as the medical community, we have conquered many once-dreaded diseases and saved countless lives.

A NEW DAY.

Like the rest of America, Louisiana faces new challenges in the aftermath of September 11, 2001. We've had to broaden our definition of "emergencies" beyond events caused by nature to include more sinister concepts like "terrorism," "smallpox," "bioterror" and "weapons of mass destruction." We now have to consider what was once "unthinkable," so we can prepare to protect ourselves, our families and our communities from previously unimagined threats and attacks.

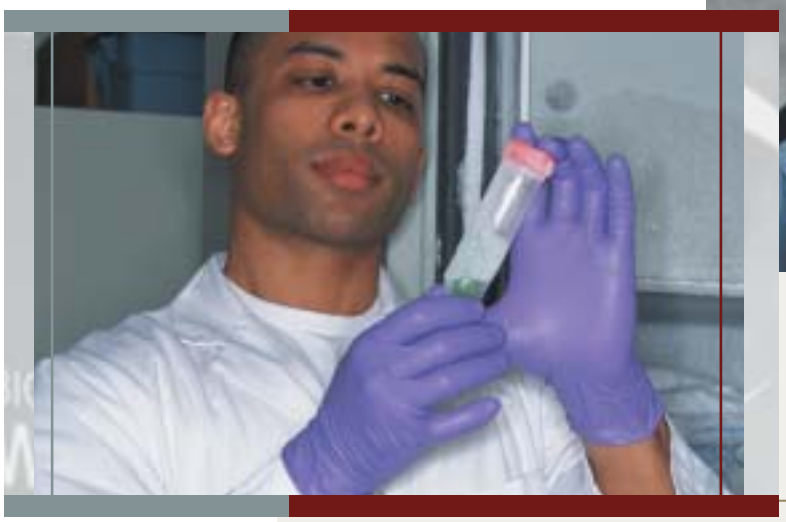
Today, the Department of Health and Hospitals (DHH) is taking the lead role in helping Louisiana families prepare for bioterror emergencies as well as the everyday threats of hurricanes, storms, floods and naturally occurring disease outbreaks (like West Nile) we've come to expect. Today, we are also helping the nation's state of readiness by lending our expertise — gained through Louisiana's long history of public health advocacy — to others around the nation, who are less experienced in dealing with emergency situations. With our existing public health infrastructure in combination with new partnerships with Homeland Security, state law enforcement and other agencies, Louisiana is building a preparedness plan that is becoming second to none.

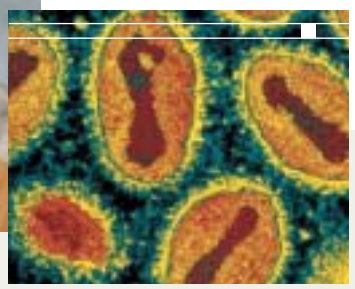
In Louisiana, being prepared doesn't mean we have to reinvent the emergency preparedness wheel. It does mean we cannot be complacent about the preparedness measures we've already learned to use. Louisiana's public health system under the DHH and the newly created Office of Public Health's Bioterrorism Preparedness and Emergency Response Unit is going to do exactly as we have done so many times before — together we will learn to use normal and ordinary activities as a way of dealing safely with extraordinary situations.

The availability of reliable information is the bedrock of any emergency preparedness plan and is a priority for state officials, allowing families to know with confidence that the safety and preparedness measures they are taking will really work when they are needed most. The **FAMILY READINESS GUIDE** you are reading now is the first step in the process of involving all Louisiana residents as partners in Louisiana's preparedness efforts.

Wishing your family health and safety,

David W. Hood
Secretary
Department of Health & Hospitals





Top 7 things you need to know about BIOTERRORISM

Getting ready to respond to a bioterror threat involves a lot of the same action steps — for example, keeping a reasonable amount of extra food and water at home in case you need it — as preparing for many other kinds of emergencies. There are a few additional steps families can take, however, to be "bioprepared." Here's a quick list of specific things your family can do to be ready for public health-related emergencies including bioterror events:

1. Arm yourself and your family with **accurate, timely health-related information**. Use the resources offered in this **FAMILY READINESS GUIDE** to get the "real truth" about smallpox, anthrax, botulism and other bioterror concerns.

2. Get the facts about **any special health concerns** you or your loved ones might have. Keep this information in a safe place, so anyone in your family can find and share that information quickly with medical workers and health care professionals if the need arises.

3. **Talk** with your children and elderly or infirm relatives to share your knowledge with them so they will feel more secure and more confident about your family's ability to safely respond to any kind of emergency that might occur.

4. **Check emergency preparedness steps your family has already taken**, to make sure they are appropriate for health-related as well as weather-related threats. For example, a larger supply of food and water may be needed because it may take several days or even weeks before a disease outbreak can be safely contained.

5. Use a **"common sense" approach** to help your family be "bioprepared." Would your family need to seal off windows or vents to prevent a chemical or biological agent from entering your home? Probably not. And there's no need whatsoever to keep windows and other entry points sealed off all the time, just as there's no need to leave windows boarded up for the entire hurricane season. If your family would feel safer being prepared for that kind of protection, though, you'll want to consider what kind of materials you would need, and how your family would work together to accomplish that task. And, consider: What would happen to your outdoor animals? How will you care for indoor pets if you can't allow them to go outside for an extended period of time?

6. **Be connected to your community** so you can be informed. Find out where you and your family can get accurate information during an emergency. Know the "right" sources for emergency information – the parish health units, your local emergency preparedness or sheriff's office, and local TV and radio stations. Be ready to pay special attention to alerts from those offices and services during emergency situations.

7. **Stay "calm, cool and collected"** before, during and after an emergency. Fancy technology, armies of doctors, or dramatic newspaper headlines are not our most important resources. You are. Your careful, calm and effective response during an emergency will allow public health officials to move in quickly and take whatever steps are necessary to ensure your continuing health and safety and that of your family, friends and neighbors. Be prepared to work with them if the need arises.

DHH MISSION STATEMENT

The Mission of the Department of Health and Hospitals is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all the citizens of Louisiana.

Teamwork ensures OPTIMUM HEALTH

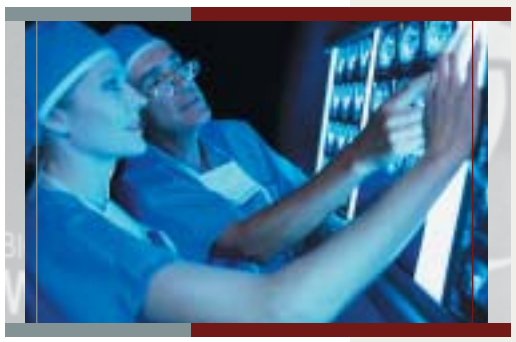
Louisiana's public health system isn't merely one of the oldest in the nation — it has also become one of the most effective, successful and well-respected public health organizations in the country. This is due in part to the committed dedication of Louisiana public health workers, who take seriously their mission of protecting the health of every Louisiana resident.

Effective partnerships with local, state and federal government agencies — as well as with members of the medical community, private sector industries and the general public — have become the cornerstone of success for public health efforts in our state.

We'd like to introduce you to a few of these important partners, so you can have a clear idea of just who it is that's out there, every day, ensuring the best possible health for you and your family.

LEADERSHIP

WHO THEY ARE: Doctors, nurses, and other professionals with advanced educational degrees and specialists in public policy.
WHAT THEY DO: Set policy and procedure, design public health programs and secure implementation funding. Among the first in the nation to "stand up" in the battle against West Nile virus; secured almost $2 million in funding to fight West Nile. Developed disease surveillance programs and public education campaigns.

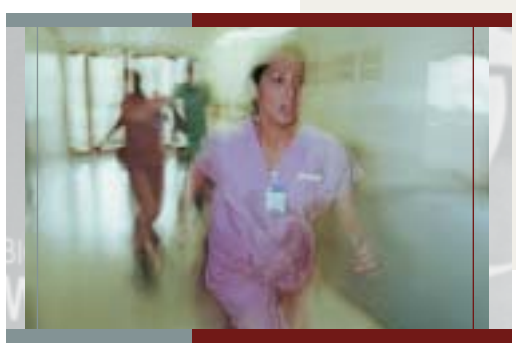


MEDICAL DIRECTORS

WHO THEY ARE: Doctors who serve as Louisiana Public Health Medical Directors are key "points of contact" throughout the state to help ensure the good health of every Louisiana family.
WHAT THEY DO: Leaders and decisionmakers for local parish health units within the state's nine public health regions; immunizations, bioterror response and other public health initiatives. Allocate resources of medicines, emergency response personnel, health care workers, public safety officers and other team members who serve on the "front lines" in the event of a public health emergency.

STRATEGIC NATIONAL STOCKPILE TEAMS (SNS)

WHO THEY ARE: Pharmacists, security personnel, medical professionals, logistics experts and emergency response personnel.
WHAT THEY DO: SNS teams determine what supplies and medicines are needed, and request those materials from the federal government. Security and logistics experts design travel routes for medicines sent to Louisiana by the SNS. Pharmacists and health workers dispense them.



INFECTIOUS DISEASE & ENVIRONMENTAL EPIDEMIOLOGISTS

WHO THEY ARE: Specialized scientists — "disease detectives" — who study and evaluate the distribution and causes of diseases.
WHAT THEY DO: Analyze field reports filed by front-line medical observers. Determine how state public health officials should respond to public health threats.

INCIDENT RESPONSE TEAMS

WHO THEY ARE: Doctors, nurses, engineers, sanitarians and other specialists in each of the state's nine public health regions.
WHAT THEY DO: Regional Incident Response Team members are first responders. Isolate disease source and help determine response.

LABORATORY SERVICES

WHO THEY ARE: Scientists and technicians.
WHAT THEY DO: Collect scientifically valid, uncontaminated samples; in the laboratory, using advanced testing procedures, determine exactly what is "in" every sample collected.

SYNDROMIC SURVEILLANCE SYSTEM

WHO THEY ARE: Doctors, nurses, ambulance personnel, emergency room workers, school nurses and other "health threats first-to-know" professionals.
WHAT THEY DO: Notice, track and report unusual illnesses or clusters of health problems to public health officials.

EMERGENCY MEDICAL SERVICES

WHO THEY ARE: Emergency medical technicians and ambulance service providers.
WHAT THEY DO: First responders and partners in the public health surveillance systems.

IMMUNIZATION PROGRAM

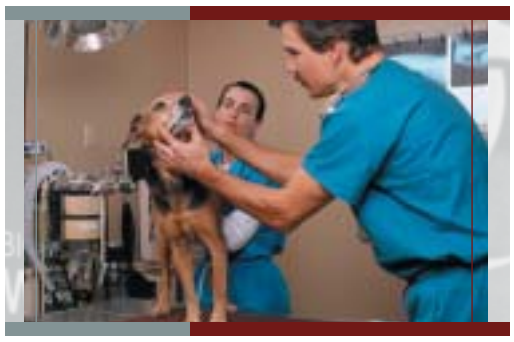
WHO THEY ARE: Family physicians, pediatricians, nurses, Louisiana's public health immunization program workers, researchers, epidemiologists and vital records experts.
WHAT THEY DO: Ensure the availability of safe immunizations and flu vaccines.

HEALTH ALERT NETWORK (HAN) TEAM

WHO THEY ARE: Public health administrators.
WHAT THEY DO: During a public health emergency, the HAN team communicates vital health information through secure, statewide channels to doctors, paramedics, hospitals, laboratories, public safety officials and the general public.

CENTER FOR ENVIRONMENTAL HEALTH & SANITARIAN SERVICES

WHO THEY ARE: Environmental scientists, water quality specialists, sanitarians, professional engineers, refrigeration experts and food safety inspectors.
WHAT THEY DO: Ensure safe drinking water and food supplies; inspect public and private water treatment facilities, food and water processing and packaging plants, restaurants, grocery stores and other points along the "food chain."



VETERINARIANS & "BUG EXPERTS"

WHO THEY ARE: Veterinarians and entomologists. These two special groups of health professionals aren't usually known for treating human patients — but their field work, experience and depth of expertise in dealing with animal and insect diseases helps keep Louisiana families healthy.
WHAT THEY DO: Identify and treat public health threats that occur through infected insects, wildlife, farm livestock or pets.

WHY ALL THE FUSS ABOUT SMALLPOX?

While smallpox is only one of several possible bioterror agents identified by the government and the Centers for Disease Control and Prevention (CDC), it has certainly become the one we've heard the most about. You may wonder why it's considered so much more of a threat than other potential biological or chemical weapons.

Category A agents are Bioterrorism (BT) agents that are believed to pose the greatest threat to public health, and to have a "moderate to high potential for large-scale dissemination." Others are anthrax, plague, botulism, tularemia and viral hemorrhagic fevers.

"CDC and other government experts have placed a high priority on smallpox, among all the Category A agents, for a number of reasons," said Frank Welch, MD, who serves as Immunization Medical Director with the Louisiana Department of Health and Hospitals, Office of Public Health. "The very idea of a smallpox outbreak is frightening to many people. Photos of people who have recovered from smallpox can be disturbing, because of the scarring and blindness smallpox can cause. For this reason alone, even the threat of a smallpox attack could effectively be used as a weapon of fear."

Many people remember being vaccinated against smallpox as children. By 1980, those public health efforts had successfully eradicated smallpox from occurring naturally. The last case of smallpox in the United States occurred in 1949, and the last known naturally occurring case in the world occurred in 1977 in Somalia.

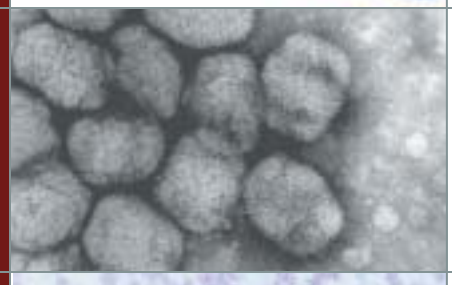
That doesn't mean, however, that the disease simply disappeared. A few laboratories around the world still had stores of the virus that causes smallpox, most of which were supposed to have been destroyed. After the events of September 11, 2001, however, government and public health leaders had to consider the possibility that terrorists might somehow acquire virus samples and decide to use them as biological weapons.

"Defeating smallpox during the 20th century was one of public health's greatest global victories," said Dr. Welch. "Once the disease was conquered, it seemed no longer necessary to continue vaccination programs. The obvious result is that millions of people across the world have never been vaccinated, and therefore wouldn't be protected if a new smallpox outbreak were to occur. That's why new vaccination programs are being implemented."

In the United States, soldiers, public health workers and medical personnel are to be vaccinated first, because they would have a high risk of exposure if a smallpox attack were to occur — and because they would be the ones responsible for caring for others who might become ill. **The federal government has also taken steps to ensure that enough smallpox vaccine will be available to vaccinate everyone who needs it in the event of an actual outbreak.**

"Further, and this is good news," said Dr. Welch, "while it is possible to use smallpox as a biological weapon, it isn't necessarily easy to do so. A terrorist would need a fair amount of money, technology and knowledge to spread the smallpox vaccine through the air, for example — and once the virus is released into the air, it dies very quickly, before it can spread over a large area. If a terrorist can't manage that kind of attack, he or she would have to become infected and then personally attempt to infect others. By the time the terrorist became sick enough to be contagious, he or she would also be too sick to move around enough to infect others."

BIO THREATS

		EXPOSURE
ANTHRAX (*Bacillus anthracis*)		CUTANEOUS ANTHRAX: Enters body through cuts or scrapes in the skin, during contact with meat, wool, hides, leather or other products from infected animals (usually hoofed animals). This is the most common kind of anthrax infection in humans. GASTROINTESTINAL ANTHRAX: Bacteria enter body when people eat raw or undercooked meat from infected animals. INHALATION ANTHRAX: Occurs when people breathe in aerosolized spores of the anthrax bacteria. This is the most dangerous form for humans.
BOTULISM (*Clostridium botulinum*)		Bacteria may enter through a break in the skin, or when people eat contaminated foods.
PLAGUE (*Yersinia pestis*)		PNEUMONIC PLAGUE: Infects human lungs after inhalation of water droplets containing *Y. pestis* bacteria. Pneumonic plague is caught by being near someone who coughs or sneezes, and breathing in tiny droplets containing the plague-causing bacteria. BUBONIC PLAGUE: Passed to humans through bites from infected rats or fleas or breaks in the skin if a person comes into contact with infected materials, such as rat droppings. Bubonic plague is not usually spread from person to person. Can worsen into pneumonic plague if not treated quickly.
SMALLPOX (*Variola virus*)		Direct, prolonged contact with an infected person can cause someone else to be infected. Can also spread through contact with a sick person's bedding, body fluids or other contaminated materials, although this type of infection is less common. Smallpox is not known to be spread through contact with insects or animals. Both scabs and pus, and the clothing or bedding they come in contact with, may be infectious to others.
TULAREMIA (*Francisella tularensis*)		People who get tularemia usually become infected from the bites of ticks or deerflies that carry the *Francisella tularensis* bacteria; or by handling or eating infected rodents, rabbits or hares or by consuming contaminated food and water. Tularemia can also be aerosolized and spread through the air.
VIRAL HEMORRHAGIC FEVER (VHF)		There are several kinds of VHF — Ebola, Hanta, dengue fever, yellow fever and others, all caused by viruses. People become infected if bitten by, or eat meat from, animals which naturally carry these viruses in their bodies or through contact with the body fluids or tissues of infected animals. Once infected, a person can spread VHF to others.

at a glance.

KNOWLEDGE IS POWER

Be informed. Stay safe. Stay healthy.

SYMPTOMS	INCUBATION PERIOD	MEDICAL TREATMENTS	OTHER THINGS YOU SHOULD KNOW
CUTANEOUS ANTHRAX: Small, painless bumps that look like spider bites at first, and later become sores with black areas in the center; also fever, malaise, headache and swollen lymph nodes. GASTROINTESTINAL ANTHRAX:Fever, abdominal pain, sores in throat or on base of tongue, nausea, loss of appetite, vomiting and/or diarrhea. INHALATION ANTHRAX: Very similar to cold or flu, but no runny nose. May progress to severe respiratory failure, shock and meningitis.	CUTANEOUS ANTHRAX: One to 12 days, with black-centered sores forming within the first few days after infection. GASTROINTESTINAL ANTHRAX: One to seven days. INHALATION ANTHRAX: Usually one to seven days, but might range up to 60 days.	CUTANEOUS ANTHRAX: Patients who receive the right medical treatment usually recover completely. About 20 percent of those who don't get medical treatment will die. GASTROINTESTINAL ANTHRAX: Should be treated immediately with antibiotics. About 25 to 60 percent of infected people will die. INHALATION ANTHRAX: Immediate treatment with antibiotics is essential, but even with aggressive medical treatment, about 75 percent of infected people will die.	> Anthrax is not contagious; that is, it can't be caught from another person. > The federal government controls distribution of the anthrax vaccine, routinely given only to military personnel and would determine vaccine availability if an outbreak occurred . > Anthrax spores cannot be seen without a microscope; they have no characteristic smell or taste. > The U.S. Postal Service urges people to be careful about handling mail that contains unidentified powders. > Inhalation anthrax is the one most likely to be used by bioterrorists, because spores are easily spread.
Double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth and muscle weakness. Symptoms in infants include lethargy, poor feeding, constipation, weak crying and poor muscle tone. Advanced symptoms include paralysis beginning in the limbs and moving to the upper body and respiratory muscles. After recovery, fatigue and difficulty breathing may last for years and require continuing medical therapy.	A few hours up to 10 days after consuming contaminated food.	Early treatment of adults would include administering antitoxins and removing contaminated food from the digestive tract, followed by intensive nursing care and perhaps breathing support (which might be needed for several weeks). Botulism in wounds usually requires surgery to remove infected tissues.	> About 75 percent of all U.S. cases occur in infants who consume bacteria spores. About 25 percent of U.S. cases occur in people who eat contaminated foods. An average of 110 cases are reported in the United States each year, often involving foods canned at home. > There is no vaccine against botulism. It can be prevented by safe food handling, proper cooking and food canning procedures, proper care of skin wounds and similar measures. > Botulism is considered a bioterror threat because contamination of a single food source can infect many people, causing lengthy illnesses and, sometimes, death.
Weakness, fever and rapid-onset pneumonia including chest pain, cough, shortness of breath and bloody or watery sputum for pneumonic plague. Patients may also suffer abdominal pain and vomiting. For bubonic plague, key symptoms include swollen and tender lymph glands.	One to six days when the plague-causing bacteria are inhaled. A person can infect others before symptoms appear, which may not occur for several days after infection – making it possible for people to unknowingly spread the bacteria to others through coughing or sneezing.	Medical treatments are available, and must be administered quickly to minimize long-term illness and risk of death.	> Five to 15 cases of plague occur each year in the United States, and up to 3,000 worldwide, usually in regions with inadequate public health programs. > No vaccine is available for pneumonic or bubonic plague. Without quick and effective medical treatment, respiratory failure, shock and death often result. > Pneumonic plague could be used as a bioterror weapon; people who carry it can spread it to others. With technical expertise, advanced knowledge and manufacturing capabilities it can be "aerosolized" and/or distributed in large quantities through the air.
High fever, headaches, body aches and possibly vomiting, followed by a spreading rash. The rash soon develops into raised bumps that fill with pus and then scab over. The scabs fall off after a few weeks, leaving a pitted scar.	Patients usually feel fine for the first seven to 17 days after being exposed to the variola virus. The disease is not contagious until after the rash first appears. It remains contagious until the last scabs have fallen off.	There is no cure for smallpox, but supportive medical care can help patients get through the illness.	> Smallpox was virtually eliminated from the occurring naturally decades ago. Samples of the virus still exist in some laboratories. If samples of the virus were to fall into the hands of terrorists, it would be considered a serious bioterror threat. > About 70 percent of patients who contract smallpox will get better, but may suffer permanent scarring or blindness. > There is a smallpox vaccine now being used to immunize some soldiers, health care providers and others who would be among the first exposed to smallpox in the event of a bioterror attack. Vaccine stockpiles, are already in place.
Some combination of skin ulcers, swollen and painful lymph glands, inflamed eyes, sore throat, mouth ulcers, pneumonia, fever, chills, headaches, muscle aches, joint pain, dry cough, progressive weakness, chest pain and difficulty breathing.	Most people would show symptoms within three to five days of being infected, although it could take as long as 14 days for the first symptoms to appear.	Although tularemia isn't usually fatal, it can make people very sick, so prompt medical treatment with appropriate antibiotics is important.	> Tularemia can remain infectious in water or soil for several weeks. > There is no vaccine.
Symptoms vary widely between the various types of VHF, but may include fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion, eventually leading to bleeding beneath the skin or from the eyes, ears, mouth and other body cavities. Advanced symptoms include shock, nervous system malfunction, coma, delirium, seizures and kidney failure.	Two to 21 days.	There is no known cure, effective treatment or vaccine for VHF; however, supportive medical care should be administered quickly to help patients deal with symptoms of these diseases.	> Those who contract VHF don't usually die from bleeding, but rather from the widespread damage to body organs and systems.

Source: Centers for Disease Control; Louisiana Office of Public Health

WHAT ABOUT WEST NILE?

The West Nile virus naturally infects many different species of birds and can be spread to humans and other animals by mosquito bites. Efforts to help protect people from West Nile infection have included educational campaigns, environmental monitoring of bird populations and mosquito control programs.

During 2002, DHH/OPH launched a major public education campaign featuring billboards, radio public service announcements and television ads, to educate Louisiana families on steps they can take to protect themselves against the virus. Louisiana epidemiologists, veterinarians and laboratory technicians tested scores of birds, mosquitoes and other animals, to effectively track the spread of the disease in our environment.

During the 2002 West Nile outbreak, surveillance efforts confirmed the presence of West Nile in birds in 90 percent of the parishes where people were later infected. Finding the disease in birds made it possible to launch mosquito control programs, educational programs and other measures to help limit the numbers of human West Nile infections. While some people did become infected, surveillance and control efforts helped prevent uncounted numbers of additional human cases.

DHH/OPH also helped secure $5.1 million in funding from the Centers for Disease Control and Prevention to be used for mosquito abatement, surveillance, testing and education programs in 44 Louisiana parishes.

The state's efforts to protect Louisiana families from West Nile have continued since the initial 2002 outbreak and are ongoing.

"We rely on our individual partners across the state to help us fight West Nile and other health threats," said Gary Balsamo, DVM, MPH, TM, the state's public health veterinarian. "It's important for people to continue making reports when they find dead birds, especially sparrows, blue jays, owls and cardinals. Those are the species in which West Nile had been confirmed as of early April 2003 and along with crows, grackles, seagulls and hawks, are the ones most likely to succumb to West Nile."

YOU CAN FIGHT THE BITE!

Be a partner in the fight against West Nile by following these simple steps to protect your family:

- Wear mosquito repellent with DEET.
- Avoid being outdoors during peak mosquito activity periods (around dawn and dusk).
- Cover up with long sleeves and long pants when you are outside.
- Remove areas of standing water around your home or business.
- Report dead birds to parish health officials at your local parish health unit.
- Prevent mosquitoes from entering your home by keeping window screens in good repair.
- Educate yourself by visiting the West Nile-related Web page, www.FightTheBiteLouisiana.com.

Hurricanes
WHAT YOU SHOULD KNOW.

Louisianians are all too familiar with Mother Nature's wrath in the form of tropical storms and hurricanes. We know all about hurricane preparedness, storing food and water for emergencies, planning for evacuations, and protecting our property from hurricane damage – or do we?

A survey conducted by the American Red Cross among people living in hurricane danger zones along the East Coast and Gulf Coast revealed that those who had experienced a hurricane in the past were the best prepared to face future hurricanes. Only 42 percent, however, said they already had a hurricane disaster supply kit on hand. Only 66 percent said they knew where they and their family members would stay if they were forced to evacuate because of a hurricane.

So, let's ask the question again: Are we really as prepared for hurricanes as we think we are? The Louisiana Department of Health and Hospitals (DHH) and the Red Cross urge every Louisiana family to prepare early and thoroughly for hurricanes, just as you would for any other natural disaster or public health emergency.

"Among the greatest dangers posed by hurricanes are storm surge, inland freshwater flooding and health threats associated with lengthy power outages," said Rosanne Prats, PhD, DHH Emergency Preparedness Coordinator. "Those who have special health needs also need to know how to be prepared in the event of a hurricane or other weather-related disaster."

She gave the following advice for making hurricane preparations to best protect your entire family:

- Prepare an "insurance inventory" of important personal and business property. This inventory can help you recover damages suffered during a hurricane or other natural disaster. Ask your insurance agent to review your current policy to determine whether it is complete and up-to-date.
- Create a portable "important papers" file including copies of each family member's important documents. Store these in a secure location where you can reach them quickly when you need to prepare for an approaching storm.
- Develop a family preparation plan and teach each family member how to safely and quickly handle their hurricane preparation duties.
- Consider what will be done to help family members with special medical needs. Speak with your family doctor, home health care provider, pharmacist or other medical professional to learn what you can do to help prepare for each family member's special medical needs.
- Keep your vehicle in good running condition with a full tank of gas.
- Plan well in advance to determine where you will go during a hurricane-related evacuation, and make sure your travel plans will take you safely outside the "at-risk" area well in advance of the storm's arrival. Be prepared to leave the storm-threatened area several hours in advance.
- Stay calm, and remember to plan on funding your evacuation travel with cash, not credit cards.
- Leave your property in a secure condition by turning off electricity, water and other utilities at the source.
- Stay tuned to the local radio or TV broadcasts for storm status reports. Stay away from the storm area until local officials have given the "all clear" for safe travel. If local officials have advised evacuations, heed their warnings. Make sure to "set aside" adequate supplies of non-perishable food, water, medicines and other necessities long before the storm arrives. Protect your property before the bad weather begins. Make sure all family members and pets remain safely indoors, away from exposed glass. Park vehicles in the safest possible location to minimize storm-related damage. Continuously monitor news and weather updates.

To learn more about how to make hurricane preparedness and response plans, visit these additional resources on the World Wide Web:

www.dhh.state.la.us **www.fema.gov** **www.noaa.gov** **www.loep.state.la.us**

step 1 make a family communication plan

> Have a family meeting to devise a plan.
> Compile contact information for family members (including those not living in the house) and post this information in the home as well as sharing it with family members. Phone numbers, Cell numbers and e-mail addresses are all useful.
> Develop an emergency call-in plan and practice coming together at a safe location.
> Keep important phone numbers listed in the spaces provided on the back of this guide. Store this guide in a safe location with other emergency preparedness supplies.
> Get to know your neighbors and share with them your ideas for emergency preparedness. Work with neighbors to plan for homes where extra assistance might be needed (elderly residents or children at home alone after school).
> Learn what radio and television stations provide the best emergency information in your area and make sure the family knows how to tune into these outlets if cable or electricity is knocked out.

step 2 have a property protection plan

> Make copies of important documents, especially health and immunization records, and store them with your emergency preparedness materials. Keep up-to-date records of valuable property and decide who will be responsible for securing these items if evacuation is ordered.
> Plan for Pets. Many shelters do not allow pets, provide for a location to take animals, if necessary ways to transport them. Make sure you can "round-up" your pets quickly and provide for their traveling needs.
> Have a home evacuation plan for fires or other in-home emergencies. Make sure your home is equipped with properly functioning fire extinguishers, smoke detectors and other safety equipment.

step 3 have a shelter at home plan

> Use the checklists in this guide to prepare your family for staying indoors for an extended period of time. Keep needed supplies on hand and restock as necessary.
> Store emergency preparedness materials in a single container in a safe place so they can be readily accessed when needed. Your supply kit should include adequate supplies of food and materials to keep your family safe and healthy for a period of several days.
> Make sure you have tools that don't require power for cooking and items like manual can openers should power be knocked out for several days.

how to make a family readiness PLAN

> Always listen to and obey local evacuation orders. Do not wait until the last minute to prepare and leave.
> Make plans for where your family would go in an evacuation and how they would get there, including what vehicle would be used.
> Plan for family members with special health needs and make arrangements to ensure necessary medical supplies and equipment can be provided in the event of an evacuation.

step 4 have a family evacuation plan

step 5 have a community awareness

> Encourage your friends and neighbors to have family readiness plans of their own. If you know people who don't have families, consider including them in your plans.
> Volunteer with church and community-based organizations to help those who might need assistance in preparing for emergencies.
> Donate to and assist organizations who provide assistance in times of emergencies.
> Get together with neighbors, community groups and local government to organize community readiness activities in your local community, schools and neighborhood.
> Be aware of your surroundings and keep an eye out for your neighbors.

Family Readiness Checklist:
YOUR EMERGENCY RESPONSE KIT

Give careful attention to planning, stocking and caring for your supplies before, during and after emergencies. Some situations, such as weather emergencies, may last only a few days. Other health emergencies – an outbreak of communicable disease, for example – may require you to leave the area or shelter inside your home for a period of several days to a few weeks. Your family should make careful decisions about how much food, water and other supplies to have in your emergency stores. Be sure to include in your supply kit:

FOOD AND BEVERAGE SUPPLIES

- ❑ Canned and non-perishable foods
- ❑ Canned or dry milk and fruit juices

WATER

- ❑ Plan for 10 – 14 gallons of drinking water per family member
- ❑ Store water in a dark, cool place in plastic containers (Water may also be stored in freezer)
- ❑ Purchase purified water or purify water prior to storage

SUPPLIES FOR BABIES AND CHILDREN

- ❑ Diapers, wipes, lotions and hand sanitizer
- ❑ Jars of food and powdered formula
- ❑ Dry cereal and prepackaged snacks
- ❑ Plastic bottles, liners, extra nipples, pacifiers and teething rings
- ❑ Several changes of clothes and two changes of bedding
- ❑ Portable playpen or crib as well as stroller / car seat
- ❑ Prescription medications, fever and cough medicine and vitamins
- ❑ Toys, books, music and stuffed animals

PERSONAL ITEMS FOR EACH FAMILY MEMBER

- ❑ Basic personal hygiene items (toothbrush, soap, shampoo, hand sanitizer, etc.)
- ❑ Extra clothing, shoes and extra socks
- ❑ Rain gear and cold weather gear
- ❑ Glasses/contacts, prescriptions, over-the-counter medicine and vitamins
- ❑ Blankets and pillows or sleeping bags
- ❑ Identification (driver's licenses, proof of insurance, health insurance ID cards)
- ❑ Enough cash to meet your needs for several days
- ❑ Activities and portable electronics

CLEANING AND SANITATION SUPPLIES

- ❑ Chlorine Bleach (pure, unscented)
- ❑ Dishwashing liquid
- ❑ Heavy-duty trash bags
- ❑ Old rags and towels for cleaning
- ❑ Plastic gloves
- ❑ Bathroom tissue and facial tissue
- ❑ Sewing kit / small repair kit (screwdriver, hammer, etc.)

SUPPLIES FOR THE ELDERLY AND INFIRM

- ❑ Prescription medications (keep a ready supply on hand if possible)
- ❑ Oxygen tanks, IVs or other specialized equipment
- ❑ Nutritional supplements and special diet items
- ❑ Special bedding and extra sweaters or blankets
- ❑ Mobility aids and special sanitary supplies
- ❑ Physician information (phone numbers, location of nearest medical facilities)
- ❑ Insurance ID or Medicaid / Medicare ID cards
- ❑ Eye glasses / magnifying glasses and quiet activities to pass time

RADIO AND PHONE EQUIPMENT

- ❑ Cell Phones, chargers and extra batteries
- ❑ Portable radios, A/C adapters and extra batteries
- ❑ CB / Ham or other radio communication devices
- ❑ Family Communication Plan important phone numbers

SAFETY EQUIPMENT AND SUPPLIES

- ❑ Battery-operated flashlights and lamps with extra batteries
- ❑ Small fire extinguisher
- ❑ Sealing tape and plastic sheeting for leaks or broken windows
- ❑ If available, emergency generator with extra gasoline and oil

FIRST AID SUPPLIES

- ❑ Self-contained First Aid Kit supplemented with:
  - ❑ Prescription medications and Asthma inhalers
  - ❑ Stomach remedies
  - ❑ Pain relievers
  - ❑ Scissors, tweezers and thermometer
- ❑ Snake bite kit
- ❑ Hot/Cold Packs
- ❑ Ear and nose drops

PAPERWORK AND VALUABLES

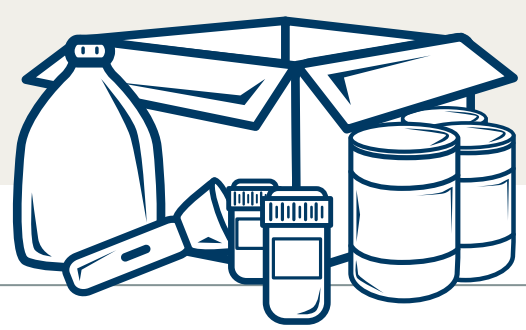
- ❑ Copies of insurance papers and ID cards
- ❑ Bank statements, stocks and bonds
- ❑ Deeds, titles and mortgage papers
- ❑ Lists of family medical history
- ❑ Immunization records
- ❑ Lists of drug allergies and prescriptions
- ❑ Birth certificates and Social Security Cards
- ❑ Backups of computer files and/or hard drive from CPU

COOKING AND FOOD PREPARATION EQUIPMENT

- ❑ Camping cookware or picnic supplies
- ❑ Outdoor cooking utensils
- ❑ Square pale for washing dishes
- ❑ Bottle opener
- ❑ Manual can opener
- ❑ Plastic bags and aluminum foil
- ❑ Sterno or portable cooking fuel for indoor use
- ❑ Butane lighter (long neck with safety)

SUPPLIES FOR PETS AND LIVESTOCK

- ❑ Pet food and water for several days
- ❑ Pet food dishes
- ❑ Pet medications, vitamins and flea treatment
- ❑ Vaccination tags and veterinary records
- ❑ Collars, leashes, carriers and bedding
- ❑ Pet toys and treats



TO DO LIST FOR ...

EVACUATIONS

- ❑ Plan your route ahead of time and what transportation you are going to use.
- ❑ Give yourself plenty of time to evacuate, do not wait until the last minute.
- ❑ Plan for family members with special needs and pets.
- ❑ Have emergency supplies ready to travel.
- ❑ Lock up home and turn off utility services at the source.
- ❑ If cold weather, ensure that pipes and plants are protected before evacuating.
- ❑ Secure loose furniture and items outside the home.
- ❑ If evacuation is voluntary and trusted neighbors will be staying behind, advise them of your plans and leave spare sets of keys so they can monitor property.
- ❑ Stay tuned to news broadcasts for traffic reports, updates and instructions.

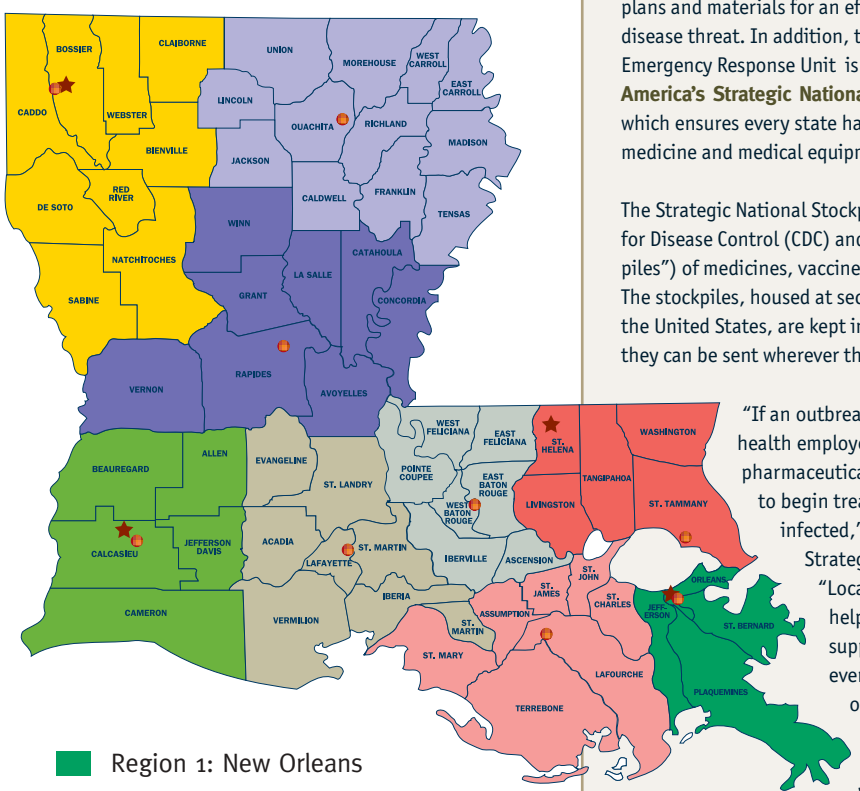
SHELTERING IN PLACE

- ❑ Make sure everyone in the family is aware of the Shelter-In-Place plan.
- ❑ Designate alternate locations for children in case adults are unable to make it home.
- ❑ Have supply kit ready at all times.
- ❑ Stay tuned to radio and news broadcasts and await further instruction.
- ❑ Limit phone use to important calls and emergency communication.

STAYING IN A DESIGNATED EMERGENCY SHELTER

- ❑ Decide ahead of time where your family will seek shelter.
- ❑ Take to a shelter on the bare essentials for your family.
- ❑ Have materials for the family bundled and ready to go. Shelters will most likely not be able to provide blankets, pillows and other comforts.
- ❑ Plan for Pets. Most shelters don't allow them.
- ❑ Register at the shelter as soon as you arrive and make sure the family checks in at a designated location at the shelter throughout the shelter stay
- ❑ Be considerate and helpful to other shelter guests
- ❑ Note that weapons, flammable liquids, alcoholic beverages and illegal drugs are not permitted in shelters.
- ❑ Keep valuables in a safe location and do not bring them to a shelter.

LOUISIANA'S NINE PUBLIC HEALTH REGIONS



- Region 1: New Orleans
- Region 2: Baton Rouge
- Region 3: Thibodaux
- Region 4: Lafayette
- Region 5: Lake Charles
- Region 6: Alexandria
- Region 7: Shreveport
- Region 8: Monroe
- Region 9: Mandeville
- Designates location of Regional Offices
- Designates location of Public Health Confirmatory Laboratory

STRATEGIC NATIONAL STOCKPILE ANYTIME. ANYWHERE.

Each of Louisiana's nine public health regions is equipped with plans and materials for an effective "first response" to any disease threat. In addition, the Bioterrorism Preparedness & Emergency Response Unit is poised to take advantage **of America's Strategic National Stockpile** — a federal program which ensures every state has access to adequate supplies of medicine and medical equipment in the event of an emergency.

The Strategic National Stockpile (SNS) is managed by the Centers for Disease Control (CDC) and includes actual inventories ("stockpiles") of medicines, vaccines, antidotes and medical supplies. The stockpiles, housed at secure, strategic locations throughout the United States, are kept in a constant state of readiness so they can be sent wherever they're needed at a moment's notice.

"If an outbreak of disease were to happen, public health employees, local doctors, hospitals and pharmaceutical suppliers would be the first ones to begin treatment of anyone who became infected," said Lee Smith, MPA, who serves as Strategic National Stockpile Coordinator. "Local resources, however, might need help to make sure enough medicine and supplies would be available to care for everyone who needs them. Local officials might also need help getting those medicines and supplies to the right places quickly. That's what the SNS is all about — getting the right amounts of the right materials to the right places, literally at a moment's notice."

"It takes one phone call to start the process of getting SNS supplies to any place where they might be needed," said Nancy Bourgeois, Acting Director of the Bioterrorism Preparedness & Emergency Response Unit said. "Disease and threat-specific medicines and supplies have already been packaged into what we call **12-hour Push Packs** that can be sent to any location in the United States within 12 hours.

In addition to Push Packs, Bourgeois said, **Vendor Managed Inventory (VMI)** packages are also available for rapid deployment. VMI packages, which are housed and maintained by pharmaceutical and other medical supply vendors, can be quickly prepared to meet specific needs for a variety of different disease-related emergencies. Contents of both the Push Packs and the VMI packages are updated regularly, so medicines and other supplies will always be "fresh."

Teams of experts known as **Technical Advisory Response Units (TARUs)** would accompany Push Packs to areas in need, to assist local officials in distributing Push Pack contents. TARU team members include pharmacists, logistics experts and emergency response personnel.

"Like all our other public health initiatives, preparing for disease-related emergencies really is a team effort — and every team member remains committed to getting our job done quickly and safely to best protect the health of Louisiana families," Bourgeois added.

Make sure your family takes action to build an **EMERGENCY RESPONSE KIT**. Practice your **FAMILY READINESS PLAN**. Help others do the same. Fill out the Checklist and Emergency Contact sections of your **FAMILY READINESS GUIDE**. Keep your emergency supplies, medical records and **READINESS GUIDE** updated and in a safe place, where all family members can get to it quickly in a time of need. Be ready. Be prepared. Be safe.

WHAT ABOUT NEW THREATS?

Early this year, news reports surfaced about people in Hong Kong, China, Singapore, Vietnam, Canada and elsewhere suffering from a new, contagious illness known as SARS — Severe Acute Respiratory Syndrome. It seemed as soon as SARS appeared to be under control, new reports surfaced about outbreaks of Monkey Pox in the U.S., transmitted to people by imported prairie dogs.

Monkey Pox, SARS and West Nile virus are all classified as "emerging infectious diseases" — those that were previously little-known or unknown, but have found their way into the human population and have caused the public to be concerned or take precautionary measures.

"Most cases of emerging infectious diseases like these result from close contact with an infected person, usually involving a relative, house mate or health care worker who cared for a sick patient," said State Health Officer Jimmy Guidry, MD. "People can also become sick through contact with animals, such as being bitten by insects that carry Lyme disease or West Nile virus."

Louisiana's public health officials are using criteria established by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) to watch for new cases of these and other emerging infectious diseases.

You can protect your family by paying attention to news reports and by being aware of the typical symptoms of emerging infectious diseases that are discussed by doctors and representatives of the CDC.

"There are lots of simple steps people can take to protect themselves from emerging infectious diseases," said Dr. Guidry. "There are simple steps people can take to feel safer, while also helping state and national public health efforts to control these dangerous illnesses."

Among those steps are:

- Keep informed about the causes and symptoms of emerging infectious diseases and take steps to avoid exposure.
- If you become ill — especially after exposure to known health threats — don't assume it's "only the flu" or "just a cold."
- Lead a healthy lifestyle, which includes eating a proper diet, following an exercise regiment, quitting smoking and seeking preventive medical care including annual checkups.
- Practice common-sense cleanliness.

For more information on emerging infectious diseases – including tips on how to protect yourself and your family from these illnesses – visit these sites on the World Wide Web:

Louisiana Department of Health and Hospitals: **www.dhh.state.la.us**
Louisiana Office of Public Health: **www.oph.dhh.state.la.us**
Centers for Disease Control: **www.cdc.gov**
World Health Organization: **www.who.int**

To report an emerging disease threat, call 800-256-2748.

Who are you GOING TO CALL?

Note: During ongoing emergencies such as a flood, ice storm, chemical spill or disease outbreak, please do not call 911 for any reason except to report a life-threatening need for assistance. Tune to local television and radio stations to learn what numbers to call if you have questions about what's happening or if you need advice on general emergency preparedness and response, and for continuing public health updates.

Alternate Family Meeting Place

CONTACTS

Your Local Parish Health Unit

Your Local Police Department

Your Local Information and Referral Service

Your Local Fire Department

Your Local United Way

Your Parish Emergency Preparedness Office

Your Local Red Cross chapter

Your Local Sheriff's Department

Your Local Ambulance Provider

FAMILY CONTACT INFORMATION
(EMERGENCY CONTACT PERSON, PHONE, CELL, PAGER, E-MAIL)

Designated Emergency Contact Person

Phone/Cell/Pager/E-mail

Designated Family Member To Report Problems To Authorities

Phone/Cell/Pager/E-mail

OTHER IMPORTANT NUMBERS

Doctor

Pharmacist

Hospital

Dentist

Radio/TV/Cable (Call Letters, Channel Number)

Radio/TV/Cable (Call Letters, Channel Number)

Radio/TV/Cable (Call Letters, Channel Number)

Radio/TV/Cable (Call Letters, Channel Number)

Other

Other

Other

Other

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